

AF/2178
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Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> Mail Stop: Appeal Brief - Patents Express Mail Receipt No. _____ Total Number of Pages in This Submission _____	Application / Conf. No.	09/307,620 / 5100	
	Filing Date	May 07, 1999	
	First Named Inventor	L. James Hwang	
	Examiner Name	Stephen S. Hong	
	Art Unit	2178	
	Patent No.		
		Attorney Docket Number	X-409 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED MAY 13 2004 Technology Center 2100 </div>
Remarks _____		

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Firm or Customer Number	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 24309 <i>(Customer Number)</i> </div>	Reg. Number 40,941
Attn:	Lois D. Cartier	
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Date	May 5, 2004	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

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Signature		Date	May 5, 2004

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PTO/SB/17 (10-02)
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**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision

Complete if Known

Application / Conf. No.	09/307,620 / 5100
Filing Date	May 7, 1999
First Named Inventor	L. James Hwang
Examiner Name	Stephen S. [RECEIVED]
Art Unit	2178
Attorney Docket No.	X-409 US MAY 13 2004

TOTAL AMOUNT OF PAYMENT (\$ **330.00**)**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

☒ Deposit AccountDeposit
Account
Number**24-0040**Deposit
Account
Name**XILINX, INC.****FEE CALCULATION****1. BASIC FILING FEE****Large Entity**

Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	770	Reissue filing fee	
105	160	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra	Fee from below	Fee Paid
Total Claims	-20** =		X	
Indep. Claims	- 3** =		X	
Multiple Dependent Claims			X	

**or number previously paid, if greater; For Reissues, see below

Large Entity

Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**Large Entity
Fee Fee

Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
1812	2,520	For filing a request for exparte reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	420	Extension for reply within second month	
1253	950	Extension for reply within third month	
1254	1,480	Extension for reply within fourth month	
1255	2,010	Extension for reply within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	\$330
1403	290	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,330	Petition to revive - unintentional	
1501	1,330	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	Request for Continued Examination (RCE)	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)(\$ **330.00**)**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)

Lois D. CartierRegistration No.
(Attorney/Agent)**40,941**

Telephone

720-652-3733

Signature

Date

05-05-2004

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